

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/599244
	Filing Date	22 September 2006
	First Named Inventor	Stephen Nicholas Prineas
	Title	Oropharyngeal Airway Device
	Art Unit	
	Examiner Name	
	Attorney Docket Number	06-780

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint

McDonnell Boehnen Hulbert & Berghoff

☒ Practitioners associated with Customer Number

20306

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agents(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number

OR

☐ Firm or Individual Name


Address				
City	State	ZIP		
Country				
Telephone	Fax			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2 3 2007
Name	B. MORRIS	Telephone	(02) 43341807
Title and Company	A/EXEC. DIR. CORP. + FINANCIAL SERVICES Sydney West Area Health Service		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ * Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application for to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

S&F Ref: 707151US